

Complete and return to:

Application for Absent Voter's Ballot

Approved by _____

TONNI L BARTHOLOMEW - CITY CLERK
TROY CITY
500 W BIG BEAVER ROAD
TROY MI 48084-5285

NOTE: If you are requesting an Absent Voter's Ballot for a Primary Election and you know now that you will need an Absent Voter's Ballot for the General Election immediately following the Primary, you can use this form to request ballots for both elections.

Check election(s) which you are requesting ballot(s).

☐ STATE PRIMARY ELECTION: 08/03/2004

☐ GENERAL ELECTION: 11/02/2004

As a duly qualified and registered elector in the County of OAKLAND, Jurisdiction of TROY CITY, State of Michigan, I hereby make application for official ballot, to be voted by me at the above indicated election.

Voter Name: _____

Voter Address: _____

Troy, Michigan Zip: _____

Check reason(s) why you are requesting ballot. If a reason is not checked for an election, an absentee ballot will not be issued for that election.



See reverse side for additional instructions and warnings.

Check	<input type="checkbox"/>	Check	<input type="checkbox"/>
Primary	<input type="checkbox"/>	General	<input type="checkbox"/>
Election	<input type="checkbox"/>	Election	<input type="checkbox"/>
Reason	<input type="checkbox"/>	Reason	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

I am 60 years of age or older.

I expect to be absent from the community in which I am registered for the entire time the polls are open on Election Day.

I am physically unable to attend the polls without the assistance of another.

I cannot attend the polls because of the tenets of my religion.

I have been appointed an election precinct inspector in a precinct other than the precinct where I reside.

I cannot attend the polls because I am confined to jail awaiting arraignment or trial.

**SIGN
HERE**



X

I declare the foregoing statements(s) to be true

(SIGNATURE OF VOTER)

(DATE)

NOTE: Michigan law requires that A.V. Ballots be sent to your registered address unless you are hospitalized, institutionalized, or at an address outside of your community. Complete the following ONLY if you want your ballot sent to an address outside of your community or to a hospital or other institution.

SEND PRIMARY ELECTION BALLOT TO:

SEND GENERAL ELECTION BALLOT TO:

(NO.) (STREET)

(POST OFFICE) (STATE) (ZIP)

(NO.) (STREET)

(POST OFFICE) (STATE) (ZIP)

CLERK'S USE ONLY	PRIMARY	Ballot No: _____	GENERAL	Ballot No: _____
	Mailed: _____	Returned: _____	Mailed: _____	Returned: _____
	Clerk: _____		Clerk: _____	
	Filed: _____			
Wd/Pct: _____				

08/03/2004



11/02/2004

Ballot No: _____

Voter No: _____

Voter Name: _____

Voter Address: _____

Troy, Michigan Zip: _____

APPROVED

(Inspector of Election)

**INSTRUCTIONS FOR
APPLICANTS FOR ABSENT VOTER BALLOTS**

STEP 1. After completely filling out the application, sign and date the application in the place designated. Your signature must appear on the application or you will not receive an absent voter ballot.

STEP 2. Deliver the application by one of the following methods:

- (a) Place the application in an envelope addressed to the appropriate clerk and place the necessary postage upon the return envelope and deposit it in the United States mail or with another public postal service, express mail service, parcel post service, or common carrier.
- (b) Deliver the application personally to the office of the clerk, to the clerk, or to an authorized assistant of the clerk.
- (c) In either (a) or (b), a member of the immediate family of the voter including a father-in-law, mother-in-law, brother-in-law, sister-in-law, son-in-law, daughter-in-law, grandparent, or grandchild or a person residing in the voter's household may mail or deliver the application to the clerk for the applicant.
- (d) In the event an applicant cannot return the application in any of the above methods, the applicant may select any registered elector to return the application. The person returning the application must sign and return the certificate below.

**CERTIFICATE OF AUTHORIZED REGISTERED ELECTOR
RETURNING ABSENT VOTER BALLOT APPLICATION**

I certify that my name is _____,

my address is _____,

and my date of birth is ____/____/____; that I am delivering the absent voter ballot application of

at his or her request; that I did not solicit or request to return the application; that I have not made any markings on the application; that I have not altered the application in any way; that I have not influenced the applicant; and that I am aware that a false statement in this certificate is a violation of Michigan election law.

Date

Signature

WARNING

A person making a false statement in this absent voter ballot application is guilty of a misdemeanor. It is a violation of Michigan election law for a person other than those listed in the above instructions to return, offer to return, agree to return, or solicit to return your absent voter ballot application to the clerk. An assistant authorized by the clerk who receives absent voter ballot applications at a location other than the office of the clerk must have credentials signed by the clerk. Ask to see his or her credentials before entrusting your application with a person claiming to have the clerk's authorization to return your application.